



Craig Cameron Presents the
Extreme
COWBOY ASSOCIATION



**BUCKLES FOR CHAMPION
& RESERVE!!**

**GREAT PRIZES &
PAYBACK!**

Joel Mobley Memorial National Championships

WHEN: May 29th through May 31st, 2026

TIME: Friday at 1:00 pm

Saturday and Sunday at 8:00 am.

WHERE:

Champions Arena at The Celebration Grounds
1110 N Evans Street
Shelbyville, TN 37160



Craig Cameron's Extreme Cowboy Race consists of obstacles such as water, moguls, side-pass, bridges, back-thrus, jumps, roping, etc. Horsemanship with speed provides an exciting event for competitors and spectators.

Two runs for all divisions - Scores are combined to determine winners

Pro, Open, Non-Pro, Novice, Intermediate, Ride Smart, Green Horse, Youth, & Young Guns

Buckles, payback and prizes in all divisions - Prizes for Leadline!!!

Order of go to be determined by receipt of entries - Last to enter is first to run!

****To qualify, you must have raced in at least one sanctioned EXCA race in any year****

Complete rules can be found at www.extremecowboyassociation.com

For More Information: www.southernobstaclechallenges.com

352-217-2448 or email southernobstaclechallenges@gmail.com

**5 X
POINT
EVENT!!!!**

COVERED ARENA!!

**ENTRIES
CLOSE
May 25th!**

Directions: Use 1110 North Evans Street, Shelbyville, TN 37160 in the GPS for general directions. We will provide specific directions about which gate, campground, barn, etc. as we get closer to the event.

Area Hotels: Microtel Inn & Suites, 1207 N Main Street, Shelbyville, TN 37160 931-684-8343

Best Western Shelbyville Inn, 724 Madison Street, Shelbyville, TN 37160 931-684-2378

Econo Lodge Inn & Suites, 1607 N Main Street, Shelbyville, TN 37160 931-680-1030

TWHNC Champions Arena, Shelbyville, TN - May 29th through May 31st, 2026

Rider's Name: _____

Horse Name: _____

Address: _____

City / State / Zip: _____

Telephone: (____) _____ **E-mail:** _____

Age of Rider: _____ Age of Horse: _____ Horse Breed: _____

ENTRY FEES (Includes both runs):

Young Guns	\$75.00	\$ _____
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Youth	\$75.00	\$ _____
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Novice **\$85.00** **\$** _____

Intermediate	\$110.00	\$ _____
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Ride Smart	\$110.00	\$ _____
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Non-Pro **\$125.00** **\$** _____

Open	\$160.00	\$	
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Pro	\$160.00	\$ _____
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Green Horse	\$110.00	\$ _____
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SOCA Membership (optional) **Individual (\$10)** \$ _____

EXCA Membership # _____ or Greenhorn Membership \$35.00 \$ _____

STALLS: _____ @ \$30 per night for _____ nights \$ _____

SHAVINGS: _____ @ \$9 per bag – ALL SHAVINGS MUST BE PURCHASED THROUGH \$ _____
SOCA

RV HOOK UPS : _____ @ \$55 Per Night for _____ nights (Electric, Water & Sewer) \$ _____

GRAND TOTAL	\$
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Entry form and payment should be mailed to: SOCA, PO Box 1479, Bushnell, FL 33513

Or emailed to southernobstaclechallenges@gmail.com or faxed to 352-444-2511 and you can pay when you get to the event. **ENTRY DEADLINE IS MAY 25, 2026**

CURRENT NEGATIVE COGGINS REQUIRED for all equines to be admitted to Celebration Arena property, no exceptions. BOTH RELEASES ATTACHED MUST BE SIGNED BY ALL RIDERS! Thanks!

Release Form

(one must be signed by each participant and mailed with entry)

I understand horseback riding & related activities are very dangerous & involve the risk of serious injury &/or death, &/or property damage, including injury &/or death to horses, spectators & others. I understand that our horse(s), by being on Tennessee Walking Horse National Celebration property, may be exposed to harmful bacteria & viruses, & I assume the risk of possible exposure. Attempting obstacles and participating in extreme cowboy races can be dangerous and involve the risk of serious injury or death. Accordingly, I agree any activity engaged in by me while participating in activities with the Southern Obstacle Challenge Association and Tennessee Walking Horse National Celebration will be done at my own risk. Accordingly, I release & agree to hold harmless the Southern Obstacle Challenge Association and Tennessee Walking Horse National Celebration, the lessees, their officers & directors & the owner of the property & any & all persons or entities who are guarantors or indemnitors of the above, all agents, employees, & promoters, sponsors, other riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called "Releasees") for all liability for negligence or otherwise. I assume full responsibility for the risk of bodily injury, illness, death of myself &/or horse(s), & any other property damage due to the negligence of Releasees or otherwise while on premises or engaged in horseback riding related activities, &/or while training, riding, competing, officiating, observing, teaching, working for, or for any purpose related to horseback riding, eventing or participating as a rider or spectator in such activities. I agree not to sue any Releasees & I release & agree to indemnify Releasees from & for all liability for the undersigned, his/her person, representatives, assignees, heirs, & demands therefore on account of injury to the person, or property or death of the undersigned whether caused by negligence of the Releasees or otherwise. I agree that this Release, Waiver & Indemnity Agreement is intended to be as broad & inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue in full force & effect.

I have read & voluntarily signed the Release & Waiver of Liability & Indemnity Agreement & further agree that no oral representations, statements or inducements, apart from the foregoing written agreements, have been made nor shall be made except by a written and signed Addendum.

Warning - Under Tennessee Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.

Signature of Rider (19 or older)

Date

Signature of Parent or Guardian (18 & under)

Printed Name of Rider

Printed Name of Parent or Guardian

RELEASE OF LIABILITY OF THE EXTREME COWBOY ASSOCIATION AND CRAIG CAMERON, ET AL, INDEMNITY AGREEMENT OF OBSERVERS AND PARTICIPANTS, AND, WAIVER OF COMPENSATION FOR VIDEO AND/OR RECORDING AND PHOTOGRAPHY

I, the undersigned, acting individually and on behalf of all minor children accompanying me, as consideration for the privilege of observing and/or participating in the activities of the **EXTREME COWBOY ASSOCIATION**, including all events on the premises, **DO HEREBY AGREE TO RELEASE AND HOLD HARMLESS EXTREME COWBOY ASSOCIATION, CRAIG CAMERON**, and their respective owners, officers, agents, sponsors, representatives, employees and volunteers, from liability for negligent and grossly negligent acts or hazardous conditions including the uncontrolled acts of other guests, participants, and livestock. I acknowledge and fully understand there are known and unknown risks, hazards and dangers associated with equine events, natural hazards, and other hazardous activities being conducted on the premises, and **I HEREBY EXPRESSLY ASSUME ALL RISKS AND HEREBY KNOWINGLY RELEASE EXTREME COWBOY ASSOCIATION, CRAIG CAMERON**, and their respective owners, officers, agents, sponsors, representatives, employees and volunteers, from any and all claims of negligence and gross negligence. **I AGREE TO INDEMNIFY AND HOLD HARMLESS EXTREME COWBOY ASSOCIATION, CRAIG CAMERON**, and their respective owners, officers, agents, sponsors, representatives, employees, and volunteers, from any and all claims, demands, causes of action and damages, whether or not caused by their negligence or gross negligence. **I HEREBY EXPRESSLY ASSUME ALL RISK OF HARM** to which I, and those minors accompanying me, may be exposed while observing on the premises and/or participating in Extreme Cowboy Association events.

Finally, I agree to the taking of photographs, videotaping and audio recording of me and those minors under my control; and, to the uncompensated use by the Extreme Cowboy Association and Craig Cameron or their assigns.

EXECUTED this _____ day of _____, 20____, to be effective hereafter.

Participant _____ Observer _____(check one)

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Signature: _____

Guardian Signature: _____